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VOL. XII. NO. 10.

LEHIGH VALLEY MEDICAL MAGAZINE.

THE JOURNAL OF

THE LEHIGH VALLEY MEDICAL ASSOCIATION.

PUBLISHED MONTHLY.

OCTOBER, 1901.

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LEHIGH VALLEY MEDICAL MAGAZINE.

Vol. XII. OCTOBER, 1901. No. 10.

ORIGINAL ARTICLES.

THE USE OF THE COBALT LENS BY THE GENERAL PRACTITIONER.

BY WILLIAM H. DUDLEY, M.D., Easton, Pa.

It has often occurred to the writer that the information which can be obtained by this small instrument, would frequently be of service to the general practitioner, if he possessed it and was familiar with its use.

There are many cases of high degree of hyperopic, or compound hyperopic astigmatism, or simple hyperopic astigmatism, which in the child may be mistaken for some form of myopia, if only the actions of the child are taken into account ; *viz.*, the holding of the book, or other near work in hand, near the eyes. As in myopia, his vision for distance is bad, and when this fact is considered, and the adopting of an especially near point for his reading, it is presumptive evidence of myopia, when as a matter of fact the reverse is the case.

The reason that the child with a high degree of some form of hyperopia holds his book near the eyes, is not because he gets clearer vision, but because, by the exercise of this high degree of accommodation which he possesses, he gets a relatively large image ; though still indistinct, he is able to get on better with his work.

As he gets older he cannot do this; for now his accommodation is weaker, and the image is blurred at any point; in fact so much so, that he is compelled to give up the struggle and resort to glasses.

Although a young child, if robust, can often manage to get on with as much as four or five diopters of hyperopia, or hyperopia and astigmatism, yet he does it to a great disadvantage to his later years; for now his retina having never received distinct images, has lost its ability to appreciate them when formed, and transmit them to the brain; hence, it is no uncommon observation to meet a patient who has carried three to four diopters of hyperopia or astigmatism, or both, till his thirtieth year, to find, when his accurate correction is adjusted, that his best vision is no more than $^{20}/_{70}$ for distance, nor better than No. 4 Jeagers' test types for near.

It is more often that the family physician is first consulted as to the cause of the child's indifferent vision, and it is he who can put the parent on the right track, and enable the child to grow up with accurate vision, both for far and near.

And now as to the cobalt lens and its use. This in reality is no lens at all, but a piece of plain glass, containing a certain amount of cobalt peroxide ; this, when exposed to diffuse light, presents a beautiful blue, with a uniform tint. However, if a small point of light, such as a candle, is observed at a distance of from six to ten feet, the patient, if ametropic, will observe the light to be no longer uniform in color, but the center of the flame will be either blue or red, and its border of the opposite color. This is caused in the first place by the fact that cobalt-blue is not a perfect blue, but contains much red in its composition. Now the blue rays entering the eye, and having a greater refrangibility than the red, are focused at a nearer point than the red, and find their focal point in the vicinity of the plane of the macula of the short, or hyperopic eye, while the red rays, being less refracted, would find their focus at a point behind the plane of the macula, and are therefore thrown upon the retina in a more or less diffused fringe around the focal point of the blue rays. Of course, in a long or myopic eye, these conditions would naturally be reversed, and as a matter of fact experience proves this to be true.

In the application of these facts, we find that when a cobalt glass is placed before a hyperopic eye (an eye shorter than a normal eye) and the patient is directed to look at a candle flame from six to ten feet distant, he will notice that the center of the flame is blue, and the periphery red. Now in the appearance of the flame, much will depend upon the hyperopia present. If he has no more than three or four diopters of this error, the shape of the flame will be preserved and the colors arranged as above; but should the hyperopia amount to five diopters or more, the flame will lose its outline, and will become more or less spread out, and much better results will be obtained by placing the candle within two or three feet of the observer.

On the contrary, the myopic patient will see the flame with a bright red center and a blue fringe or border.

In simple hyperopic astigmatism, the flame will be drawn out more or less (depending upon the degree of the astigmatism) in a line at right angles to the axis of the astigmatism, the body of the light being blue, and having a red bar running across it.

In compound hyperopic astigmatism, the flame will be found to be drawn out at right angles to the axis of the astigmatism, the center of which will be blue while the edges of the drawn-out flame will be fringed with red.

In making these observations, it will be better to hold the glass quite close to the eye, and in all cases, where the arrangement of colors is not readily perceived, the observations will be more satisfactory if the light is brought nearer to the observer.

In compound myopic astigmatism, the center of the flame will always be red, the flame will be drawn out at right angles to the axis of the astigmatism, and the whole flame will be surrounded by a fringe of blue.

In mixed astigmatism, when a part of the astigmatism is hyperopic and part myopic, there will be a drawing out of the flame in two directions, at right angles to each other. In this case, the preponderance of the astigmatism will determine whether the greater portion of the flame will be blue, or red. If the myopia is in excess, the heavier bar in this cross will be red, with a bunch of blue on either side connected across the red bar by a faint line of blue, while if the hyperopic astigmatism be in excess, the reverse of these conditions will be observed.

After numerous experiments with this form of ametropia, I am of the opinion that this is the most difficult one to make a diagnosis of, unless you have a patient with fairly good powers of observation, and capable of describing accurately what he sees.

The use of the cobalt lens in the diagnosis of the various forms of ametropia, may be briefly summarized as follows:

Hyperopia.—Blue center surrounded by red.

Hyperopic Astigmatism, Simple.—Light drawn out opposite to axis of astigmatism. Center blue, and red bar across this.

Hyperopic Astigmatism, Compound.—Center blue, flame drawn out opposite to axis of astigmatism with a fringe of red all around.

Myopia.—Center of flame red, with blue border.

Myopic Astigmatism, Simple.—Flame drawn out opposite to axis of astigmatism. Center red, and bar of blue extending across this.

Myopic Astigmatism, Compound.—Flame drawn out opposite to axis of astigmatism. Center red, with fringe of blue all around.

Mixed Astigmatism.—Flame drawn out in two directions at right angles to each other, with a bar of red and blue crossing each other.

The cobalt lens is not intended to be used as a method of refraction, and can hardly be used successfully as such, but as an easy method of discovering the form of ametropia present; and for this purpose it may be used by any physician, by simply observing the foregoing rules without special knowledge of refraction.

I will state that this instrument can be obtained from any wholesale optician for from fifty cents to one dollar.

Lehigh Valley Medical Magazine

THE OFFICIAL ORGAN OF THE

LEHIGH VALLEY MEDICAL ASSOCIATION.

W. P. WALKER, M.D., Editor.
W. H. DUDLEY, M.D., Business Manager.

The LEHIGH VALLEY MEDICAL MAGAZINE is published monthly by the Lehigh Valley Medical Association as the organ of the profession within the boundaries of the Association.

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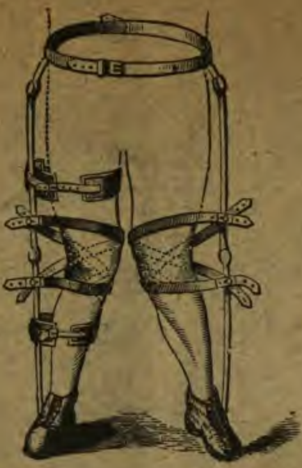
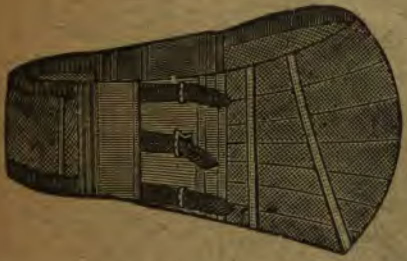
EDITORIAL.

Medical Education Again.—If the daily press has correctly reported the transactions of the recent meeting of the Medical Society of Pennsylvania at Philadelphia, the subject of medical education received considerable attention. And as always, everywhere, when the question is discussed, medical colleges or certain unnamed colleges were blamed for the alleged deficiencies. They are accused of mercenary motives and not with the sole desire to properly train young men and women for the medical profession.

Without attempting to decide whether the charge is well founded or not, let us read a lesson between the lines of the charge itself.

As it is an exception to find other than physicians in the faculties of the medical colleges and as the faculty of each college decides who are to begin and who are to continue the study of





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